



\*3309023-7-00-01\*

# MEDWATCH

HE FDA MEDICAL PRODUCTS REPORTING PROGRAM

M. RES. INST. USA  
Use by user-facilities,  
distributors and manufacturers for  
MANDATORY reporting

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Approved by FDA on 09/13/93

Mfr report #  
PRIUSA1999002535

UP/Dist. report #

FDA Use Only

## A. Patient information

1. Patient identifier ? - ?	2. Age at time of event: 53 yr or Date of birth: ??/??/??	3. Sex <input checked="" type="checkbox"/> female <input type="checkbox"/> male	4. Weight UNK lbs or UNK kgs
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## B. Adverse event or product problem

1. ☒ Adverse event and/or ☐ Product problem (e.g., defects/malfunctions)

2. Outcomes attributed to adverse event (check all that apply)	<input type="checkbox"/> disability
<input checked="" type="checkbox"/> death 05/05/98 (month/day/yr)	<input type="checkbox"/> congenital anomaly
<input type="checkbox"/> life-threatening	<input type="checkbox"/> required intervention to prevent permanent impairment/damage
<input checked="" type="checkbox"/> hospitalization - initial or prolonged	<input type="checkbox"/> other:

3. Date of event (month/day/yr)	05/03/98	4. Date of this report (month/day/yr)	07/16/99
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## 5. Describe event or problem

Report published in 1998 Annual Report of Poison Control Centers Toxic Exposure Surveillance System (case 264) of a 53-year-old (sex unspecified) who died following ingestion of acetaminophen with codeine and warfarin (doses, date unspecified) for an unknown reason. Blood concentration acetaminophen 369 mcg/mL. Chronicity was unknown for acetaminophen with codeine.

Additional information received 08-Jul-99: A 53-year-old woman described as a "chronic acetaminophen user/abuser" (up to 16 g/day of acetaminophen with codeine) was found unresponsive on 03-May-98. The poison center was called at 14:13 after she had been placed on a ventilator and given a loading dose of N-acetylcysteine. She had a history of depression, drug abuse, arthritis and deep vein thrombosis and was taking venlafaxine hydrochloride, hydroxychloroquine phosphate, enalapril maleate, prednisone, omeprazole and ancovert. It was thought that she overdosed on acetaminophen with codeine and warfarin. The patient was hypotensive in the 70's on

(Cont.)

## 6. Relevant tests/laboratory data, including dates

Blood concentration acetaminophen 369 mcg/mL

Additional information received 08-Jul-99: 03-May-98 on admission blood pressure 70's, blood pressure 110 on dopamine, blood sugar 58, pH 7.11, PO2 133, PCO2 11, AST 279, LDH 737, bilirubin 1.4, INR 19, acetylsalicylic acid 4.3 mg/dL  
04-May-98 at 09:45 blood pressure 150/80,

(Cont.)

## 7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)

Drug abuse (presc. and otc medicine)  
Additional information received 08-Jul-99: "chronic acetaminophen user/abuser", depression, arthritis, deep vein thrombosis

RECEIVED

JUL 22 1999

DSS

Submission of a report to the FDA is an admission that the person, user facility, distributor, manufacturer or product caused or contributed to the event.

## C. Suspect medication(s)

1. Name (give labeled strength & manufacturer, if known)
#1 <b>TYLENOL WITH CODEINE (unspecified) (ACETAMINOPHEN-)</b>
#2 <b>WARFARIN (WARFARIN)</b>

(Cont.)

2. Dose, frequency & route used	3. Therapy dates (if unknown, give duration) from/to (or best estimate)
#1 16 g, daily, oral	#1 ??/??/?? - Stopped
#2 oral	#2 ??/??/?? - Stopped

4. Diagnosis for use (indication)	5. Event abated after use stopped or dose reduced
#1 UNKNOWN	#1 <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> doesn't apply
#2 UNKNOWN	#2 <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> doesn't apply

6. Lot # (if known)	7. Exp. date (if known)	8. Event reappeared after reintroduction
#1	#1	#1 <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> doesn't apply
#2	#2	#2 <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> doesn't apply

## 9. NDC # - for product problems only (if known)

## 10. Concomitant medical products and therapy dates (exclude treatment of event)

- 1) EFFEXOR (VENLAFAXINE HYDROCHLORIDE)
- 2) PLAQUENIL (HYDROXYCHLOROQUINE PHOSPHATE)
- 3) VASOTEC (ENALAPRIL)

(Cont.)

## G. All manufacturers

1. Contact office - name/address (& mfring site for devices)	2. Phone number
R. W. JOHNSON PHARM. RES. INST. USA DIV. OF ORTHO PHARMACEUTICAL CORP. 920 U.S. Route 202 P.O. Box 300 Raritan NJ 08869 USA ( Informing Unit )	908-704-4504
4. Date received by manufacturer (month/day/yr)	5. (A) NDA # 85-055
07/08/99	IND #
6. If IND, protocol #	PLA #
pre-1938 <input type="checkbox"/> yes	OTC product <input type="checkbox"/> yes

IND #

PLA #

type of report  
(check all that apply)

- ☐ 5-day ☒ 15-day  
☐ 10-day ☐ periodic  
☐ Initial ☒ follow-up # 1

9. Mfr. report number  
PRIUSA1999002535

## 8. Adverse event term(s)

- 1) THERAPEUTIC RESPONSE INCREASED
- 2) DRUG ABUSE
- 3) HYPOTENSION
- 4) PROTHROMBIN DECREASED
- 5) HEPATIC ENZYMES

(Cont.)

## E. Initial reporter

1. Name, address & phone #
Dr. Toby Litovitz American Association of Poison Control Centers 3201 New Mexico Ave, Suite 310 Washington, DC 20016 USA Phone #: 202-362-7493

2. Health professional?	3. Occupation	4. Initial reporter also sent report to FDA
<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Physician	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unk



\*3309023-7-00-02\*

P.O. Box 300  
 Raritan NJ 08869  
 USA

Continuation Sheet for FDA-3500A Form

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Mfr. report #: PRIUSA1999002535

Date of this report: 07/16/99

## B. Adverse event or product problem

## B.5 Describe event or problem (Cont...)

admission and was maintaining a blood pressure of 110 on dopamine. She was admitted to the intensive care unit and activated charcoal was given. At 20:00 she was improving; dopamine was discontinued and she was maintaining fluids. N-acetylcysteine was continued via nasogastric tube. Vitamin K 10 mg was given x 1. Admission labs were the following: blood sugar 58, pH 7.11, PO2 133, PCO2 11, AST 279, LDH 737, bilirubin 1.4, INR 19, acetylsalicylic acid 4.3 mg/dL, acetaminophen 369 mcg/mL. At 03:15 on 04-May-98 the patient remained on a ventilator and a midazolam hydrochloride drip. At 09:45 blood pressure 150/80, heart rate 110, temperature 99 F, AST 1773, ALT 1426, LDH 1719, total bilirubin 0.9, direct bilirubin 0.6, prothrombin time 31.3, partial prothrombin time 42, INR 10.5. The patient had no evidence of bleeding at this time. At 20:50 the patient was stable, but had been placed on dopamine for a while and had a fever of 102 F with blood cultures pending. She had a positive bowel sounds and was passing AC stools. Repeat laboratory tests at 18:00 showed an improvement in liver function tests: AST 1082, ALT 1354, LDH 964, total bilirubin 0.8, direct bilirubin 0.5, INR 10; alkaline phosphatase 180. N-acetylcysteine was continued and another dose of vitamin K was given. A follow-up call at 3:50 on 06-May-98 revealed the patient had expired on 05-May-98.

## B.6 Relevant tests/laboratory data, including dates (Cont...)

heart rate 110, temperature 99 F, AST 1773, ALT 1426, LDH 1719, total bilirubin 0.9, direct bilirubin 0.6, prothrombin time 31.3, partial prothrombin time 42, INR 10.5; at 18:00 AST 1082, ALT 1354, LDH 964, total bilirubin 0.8, direct bilirubin 0.5, INR 10; alkaline phosphatase 180; at 20:50 temperature 102 F

## C. Suspect medication (Cont...)

Seq No.  
 C.1 Suspect medication

: 1  
 : TYLENOL WITH CODEINE (unspecified) (ACETAMINOPHEN/CODEINE)

## C10. Concomitant medical products

Seq No.  
 Concomitant Medical Product  
 Dose, frequency & route used

: 1  
 : EFFEXOR (VENLAFAXINE HYDROCHLORIDE)  
 : 1) unknown

Seq No.  
 Concomitant Medical Product  
 Dose, frequency & route used

: 2  
 : PLAQUENIL (HYDROXYCHLOROQUINE PHOSPHATE)  
 : 1) unknown

Seq No.  
 Concomitant Medical Product  
 Dose, frequency & route used

: 3  
 : VASOTEC (ENALAPRIL MALEATE)  
 : 1) unknown

Seq No.  
 Concomitant Medical Product  
 Dose, frequency & route used

: 4  
 : PREDNISONE (PREDNISONE)  
 : 1) unknown

Seq No.  
 Concomitant Medical Product  
 Dose, frequency & route used

: 5  
 : PRILOSEC (OMEPRAZOLE)  
 : 1) unknown

Seq No.  
 Concomitant Medical Product  
 Dose, frequency & route used

: 6  
 : ANTIVERT (ANCOVERT)  
 : 1) unknown

## G. All manufacturers

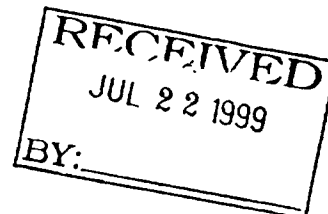
## 8. Adverse event term(s)

- 5) HEPATIC ENZYMES INCREASED  
 6) STUPOR

## Source of report (Literature):

Seq No.  
 Author  
 Year

: 1  
 : DSS  
 : 23 1999  
 : Toby Litovitz  
 : 99



Individual Safety Report



\*3309023-7-00-03\*

USA

Continuation Sheet for FDA-3500A Form

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Mfr. report # : PRIUSA1999002535

Date of this report : 07/16/99

Article title

: 1998 Annual Report of the American Association of  
Poison Control Centers Toxic Exposure Surveillance  
System

DSS  
JUL 23 1999

RECEIVED  
JUL 22 1999  
BY: \_\_\_\_\_